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FEB 08 2007

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CLIENT-MATTER NO.: 21190-01000

DATE: February 8, 2007

TO:	NAME	FAX No.	PHONE NO.
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FROM: Michael W. Farm PHONE: (650) 335-7823
 SENT BY: Becky Hancock PHONE: (650) 943-5205

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MESSAGE:

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		Application Number	09/921,265
		Filing Date	08-01-2001
		First Named Inventor	Warwick Ford
		Group Art Unit Number	2131
		Examiner Name	Matthew T. Henning
Total Number of Pages in This Submission	2	Attorney Docket Number	21190-05339

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	
ENCLOSURES (check all that apply)	
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SIGNATURE OF ATTORNEY OR AGENT		
Signature:		Dated: February 8, 2007
Attorney/Reg. No.:	Michael W. Farn, Reg. No. 41,015	

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.		
Signature:		Dated: February 8, 2007
Typed or Printed Name:	Michael W. Farn, Reg. No. 41,015	
Facsimile Number:	(571) 273-8300	

21190/01000/DOCS/1696318.1

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/921,265
Filing Date	08-01-2001
First Named Inventor	Warwick Ford
Group Art Unit	2131
Examiner Name	Matthew T. Henning
Attorney Docket Number	21190-05339

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. The correspondence address is NOT affected by this withdrawal.
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This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number _____
 on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Michael W. Farm, Reg. No. 41,015
Signature	
Date	February 8, 2007

*NOTE: Withdrawal is effective when approved rather than when received.
 Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*